

Entered -03-16-00 - sb  
CL 00L0157 - GWENDOLYN BURNS

01- *R* -0952

CLAIM OF:

**STATE FARM INSURANCE COMPANIES**  
**as subrogee of Robert T. Banks**  
**11350 Johns Creek Parkway**  
**Duluth, Georgia 30098-0001**

For damages alleged to have been sustained as a result of an automobile accident on September 16, 1999 at Boulevard Court & Ponce de Leon Avenue, NE.

THIS ADVERSED REPORT IS  
APPROVED

BY:

  
\_\_\_\_\_  
ROBERT N. GODFREY  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0157

Date: June 15, 2001

Claimant /Victim TIM BANKS

BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES

Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001

Subrogation: X Claim for Property damage \$ 837.80 Bodily Injury \$           

Date of Notice: 3/16/00 Method: Written, Proper X Improper           

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 9/16/99 Place: Ponce De Leon Avenue & Boulevard, NE

Department PUBLIC WORKS Division Street Operations

Employee involved Willie Lovett Disciplinary Action: None Taken

NATURE OF CLAIM: The claimant alleges that his vehicle sustained property damage when it was backed into by a City vehicle. However, this claim has been resolved in a previously filed claim. (See claim # 99L0681).

### INVESTIGATION:

Statements: City employee            Claimant            Others            Written            Oral           

Pictures            Diagrams            Reports: Police X Dept Report            Other           

Traffic citations issued: City Driver            Claimant Driver           

Citation disposition: City Driver X Claimant Driver           

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial           

Improper Notice            More than Six Months            Other            Damages reasonable X

City not involved            Offer rejected            Compromise settlement           

Repair/replacement by Ins. Co.            Repair/replacement by City Forces           

Claimant Negligent            City Negligent X Joint            Claim Abandoned           

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

### RECOMMENDATION:

Pay \$            Adverse X Account charged: 1A01            2J01            2H01           

Claims Manager:            Concur/date           

Committee Action:            Council Action

# State Farm Insurance Companies



*Burns*  
*03/16/00*  
*Dr*

Auto Claim Central - Subrogation U  
11350 Johns Creek Parkway  
Duluth, GA 30098-0001

March 9, 2000

ENTERED - 3-16-00 - SB  
00L0157 - GWEN BURNS

City Of Atlanta, Dept Of Law  
68 Mitchell St, Ste 4100  
Atlanta, GA 30335-0332

RE: Our Claim Number: 11-3367-175  
Our Insured: Robert T. Banks  
Date of Loss: September 16, 1999  
Amount Paid: \$337.80  
Insured's Deductible: ~~\$500.00~~ *\$837.80 Total*  
Your Insured: City Of Atlanta  
Address: 675 Ponce DE Loen Ave  
Atlanta, GA  
Claim Number: 99L0681  
Policy Number:

Dear City Of Atlanta, Dept Of Law:

We have been informed that you are the insurance carrier for the party designated as your insured in the above caption.

Our investigation indicates that your insured is responsible for this loss.

Please accept this letter as a notice of our subrogation rights and communicate with us in regard to your position in this matter.

Sincerely,

*Sharon*

Sharon Carroll  
Claim Expediter  
(770) 418-5769

State Farm Mutual Automobile Insurance Company

Enclosure

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